

Identifying rapid progressors in IgAN: Reliance on traditional markers amid persistent risk stratification gaps

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INTRODUCTION

Early identification of rapid disease progression is critical in IgAN to inform timely intervention and mitigate irreversible kidney damage. In routine practice, nephrologists rely on a combination of clinical indicators to assess progression risk; however, disease heterogeneity and the absence of validated predictive biomarkers continue to challenge risk stratification.

AIM

This study aimed to characterize how nephrologists in Europe identify rapid progressors in IgAN in real time and to evaluate perceived limitations of current assessment approaches.

METHOD

RealTime Dynamix™ research was conducted among 252 nephrologists across the UK, Germany, France, Italy, Spain from September 26 to October 25, 2025.

Eligible respondents were adult or pediatric nephrologists spending ≥50% of professional time in clinical care and actively managing IgA nephropathy.

Physicians reported real-world criteria for identifying rapid progression, triggers for reassessment, and challenges in risk stratification. Analyses were descriptive.

RESULTS

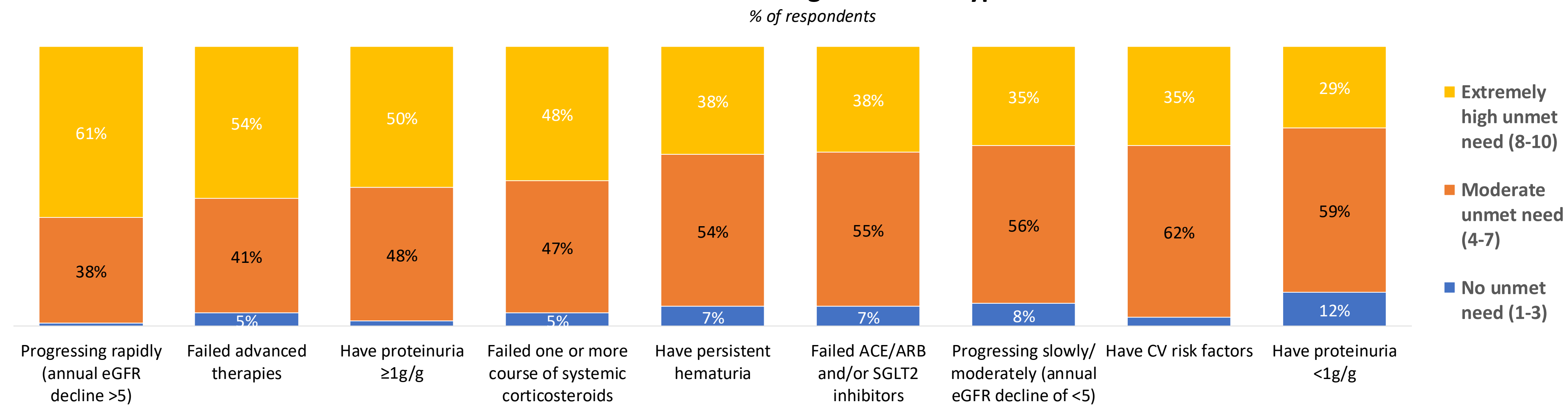
Nephrologists most frequently identified rapid progressors using eGFR slope and proteinuria levels in combination, reflecting reliance on traditional clinical markers. Perceived ease of identification varied by country, with confidence highest in the UK and lowest in Germany and Spain.

Rising proteinuria and declining kidney function were the most common triggers for reassessment. Despite use of these indicators, disease variability and lack of predictive tools make prospective risk stratification difficult — with progression often confirmed only after sustained functional decline.

Criteria and challenges for identifying rapid progression in real-world EU5 IgA nephropathy

Measure	Observation
Primary marker used to identify rapid progression	eGFR slope
Secondary marker used to identify rapid progression	Proteinuria level
Triggers for progression reassessment	Rising proteinuria; declining eGFR
Timing of progression confirmation	Often retrospective, after sustained decline
Key challenges in identifying rapid progressors	Disease heterogeneity; lack of predictive biomarkers
Overall confidence in prospective risk stratification	Limited

Unmet Need for IgAN Patient Types



CONCLUSIONS

Risk stratification in IgA nephropathy remains heavily dependent on traditional markers — eGFR decline and proteinuria — with limited ability to prospectively identify rapid progressors.

A persistent gap in progression assessment underscores the need for improved tools to enable earlier, more confident risk stratification.

Country-level variation in identification patterns likely reflects differences in caseload concentration, access to specialized glomerular services, and differential adoption of emerging guidance.

REFERENCES

Spherix RealTime Dynamix™, Sep–Oct 2025

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